

AF/GAU 3737 \$

K:\ATTYS\THOOVER\MIT6186Z

PATENT APPLICATION  
DOCKET NO.: MIT-6186Z



NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF APPEALS

Applicants: Michael S. Feld and Joseph Baraga

Serial No.: 08/745,509

Group Art Unit: 3737

Filed: November 12, 1996

Examiner: R. Smith

For: RAMAN ENDOSCOPE

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>July 6, 1999</u>	<u>Stacey Gross</u>
Date	Signature
<u>STACEY GROSS</u>	
Typed or printed name of person signing certificate	

#12 7/14/99  
**RECEIVED**  
JUL 13 1999  
**Group 3700**

Assistant Commissioner for Patents  
Box AF  
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated January 7, 1999 of the Primary Examiner finally rejecting claims 15-34. The items checked below are appropriate:

1. ☒ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated January 7, 1999 for three-months from April 7, 1999 to July 7, 1999.
2. ☐ A  month extension of time to respond to the Office Action Made Final dated  was filed on  with payment of a \$ fee.  
☐ Applicant hereby petitions for an additional  month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

07/12/1999 SLUANG1 00000057 08745509

01 FC:219 150.00 OP  
02 FC:217 435.00 OP

4. Fees are submitted for the following:

<input checked="" type="checkbox"/>	Extension of Time for three- months	\$	435
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([ ] mo.)	\$	
	Less fee paid ([ ] mo.)	- \$	
	Balance of fee due	\$	0
<input type="checkbox"/>	Oral Hearing	\$	
<input checked="" type="checkbox"/>	Notice of Appeal	\$	150
<input type="checkbox"/>	Other	\$	
		TOTAL	\$ 585

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$585.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge Deposit Account No. 08-0380 for any additional amounts that may be due in this matter. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By Thomas O. Hoover  
Thomas O. Hoover  
Registration No. 32,470  
Telephone (781) 861-6240  
Facsimile (781) 861-9540

Lexington, Massachusetts 02421-4799

Dated: July 6, 1999